

DSV Air & Sea Inc.  
Group #09703  
Delta Dental PPO Plus Premier  
Effective 1/1/2023

| <b>Buy-up Plan 2</b>   | In-Network  | Out-of-Network                           |
|--|---|--|
|  | If a Delta Dental PPO™ or a Delta Dental Premier® Dentist is Used | If a Non-Participating Dentist is Used   |
| <b>Preventive &amp; Diagnostic Services</b><br>Exams (2x per Plan Year), Cleanings (2x per Plan Year, 4x if in Active Periodontal Therapy; Cleanings combined with Periodontal Maintenance),<br>Bitewing X-Rays, Full Mouth X-Rays, Periapical X-Rays, Intraoral X-Rays,<br>Specialty Consultations, Fluoride Treatments,<br>Sealants, Space Maintainers | 100%<br>100%<br>100%<br>100%<br>100%                              | 100%<br>100%<br>100%<br>100%<br>100%     |
| <b>Basic Services</b><br>Fillings ( <i>Composite Fillings on all teeth</i> ),<br>Simple Extractions, Root Canals (Endodontics),<br>Oral Surgery Excluding Impacted Extractions, Non-Surgical Periodontics,<br>Denture Repair, Occlusal Guards,<br>Prefabricated Stainless Steel & Resin Crowns   | 80%<br>80%<br>80%<br>80%<br>80%                                   | 80%<br>80%<br>80%<br>80%<br>80%          |
| <b>Major Services</b><br>Non-Prefabricated Crowns & Gold Restorations,<br>Bridgework, Full & Partial Dentures,<br>Implants, Prosthesis over Implant, Impacted Extractions,<br>Surgical Periodontics  | 50%<br>50%<br>50%<br>50%  | 50%<br>50%<br>50%<br>50%                 |
| <b>Plan Year Maximum (per person)</b><br><b>*Preventive &amp; Diagnostic Services do not apply to Plan Year Maximum</b>  | \$ 2,000  | \$ 2,000                                 |
| <b>Plan Year Deductible</b><br>Per Person<br>Family Maximum<br>Waived for  | \$50<br>\$150<br>Preventive & Diagnostic                          | \$50<br>\$150<br>Preventive & Diagnostic |
| <b>Orthodontics</b><br>Adult & Child to age 26<br>Lifetime Maximum   | 50%<br>\$ 2,000   | 50%<br>\$ 2,000                          |

Dependents are covered to age 26

There are not separate plan year maximums and deductibles for each type of dentist. The plan year maximums & deductibles cross-accumulate among Delta Dental PPO, Delta Dental Premier and non-participating dentists. *Carryover Max<sup>SM</sup>* from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for services such as bridges, crowns, and root canals.

Carryover Max<sup>SM</sup> is easy and automatic.

- To qualify for Carryover Max<sup>SM</sup>, you must receive at least one cleaning or one oral exam during the plan year. If you don't receive a cleaning or exam, you won't be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carryover will be lost.
- A covered person is eligible for the Carryover Max<sup>SM</sup> benefit if less than half of the standard annual maximum is used in the prior benefit year.
- Carryover Max<sup>SM</sup> allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of \$500. For example, if your standard annual maximum is \$1,000, and you use \$200, you can carry over \$200 (\$800 x 25% = \$200)
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. Carryover Max<sup>SM</sup> dollars are used after the standard annual maximum is met.

Delta Dental's *Oral Health Enhancement Option* enables you to receive up to four dental cleanings and/or periodontal maintenance procedures in any combination per benefit period if you have been treated for periodontal (gum) disease in the past. For the additional dental cleaning and/or periodontal maintenance procedures to be covered, you must have had periodontal surgery or periodontal scaling and planing in the past. Details on how to qualify can be found in your benefit booklet. In addition, members with defined medical conditions such as Diabetes, Cardiovascular Disease, Pregnancy or are undergoing certain Cancer treatments may qualify for up to two additional cleanings when certified by a physician or dentist.

Over 300,000 participating dental offices nationwide participate with the national Delta Dental system, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the member. **Maximum benefit may be derived by utilizing the services of a participating dentist.**

Where the eligible patient is treated by a Delta Dental PPO<sup>SM</sup> dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO maximum allowable charge(s). Where the eligible patient is treated by a Delta Dental Premier<sup>®</sup> dentist who does not participate in Delta Dental PPO or by a *Participating Specialist*, the dentist has agreed not to charge eligible patients more than the dentist's filed fee or Delta Dental's established maximum plan allowance, and Delta Dental will pay such dentists based on the least of the actual fee, the filed fee, or Delta Dental's established maximum plan allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or *Participating Specialists* are paid based on the lesser of the dentist's actual charge or the prevailing fee. Members utilizing non-participating dentists may be billed for the difference between the dentist's charge and Delta Dental's allowable charge. Visit [www.deltadentalnj.com](http://www.deltadentalnj.com) for a directory of participating dentists.

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your Member ID number. If you have any questions regarding your benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-877-305-9485.

This overview contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc. which governs the benefits and operation of your program. In CT, Delta Dental of Connecticut writes dental coverage on an insured basis and Delta Dental of New Jersey administers self-funded dental benefit programs. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview.